



**QUEEN'S
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BELFAST**

“The emerging impact of a Guideline for ‘Admission to Midwife-Led Units (MLU) in Northern Ireland & the Northern Ireland Normal Labour & Birth Care Pathway”

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**QUEEN'S
UNIVERSITY
BELFAST**

SCHOOL OF
NURSING AND
MIDWIFERY



**RESEARCH
SHOWCASE**



School of Nursing & Midwifery Research Showcase

Programme and Abstract Book

*“Doctoral and Post-
Doctoral Nursing and
Midwifery Research:
Translating Research
into Practice”*

Tuesday 11th December 2018, 08:45 – 15:45
Canada Room & Council Chambers Main Building QUB



Contents

	Page
Keynote Speakers	3
Research Showcase Programme	4
Poster Presentations	6
Oral Presentation Abstracts:	8
Education & Practice	8
Chronic Illness & Palliative Care	9
Maternal & Child Health	11
Speaker Policy	14
Organising Committee	14

Keynote Speakers

We are delighted to welcome Mary McClarey and Verena Wallace MBE as our two keynote speakers this year.



Mary McClarey

Mary trained and worked as a nurse, midwife and health visitor during 'The Troubles' and has written a book 'Time for a Change' using her experiences as a background to the novel. Although Mary progressed from 'bedside' nursing to 'bench' nursing over the latter years of her career she has always been proud to consider herself first and foremost a nurse.



Verena Wallace MBE

Verena Wallace completed her general nurse training in Belfast, followed by midwifery in Scotland. She has worked in a variety of midwifery roles including as a Community Midwife, one of the first Consultant Midwives, Deputy Chief Nurse for Women's Services and Head of Midwifery. She was a Supervisor of Midwives (SoM) before appointment as the first fulltime Local Supervising Authority Midwifery Officer (LSAMO) for Northern Ireland in 2007. As midwifery advisor (one of the Nursing Officers) in the Department of Health (NI) since 2015, Verena has responsibility for providing advice on matters relating to midwifery and children's services.

Programme

08:45 – 10:45 Welcome & Keynote Speaker

08:45 – 09:10	Registration, Tea & Coffee in Council Chambers
09:10 – 09:15	Invite all delegates to take seats in Great Hall
09:15	Welcome and introduction of Vice-Chancellor Prof Ian Greer by Prof Donna Fitzsimons
09:15 – 09:20	Address by Prof Ian Greer, Vice-Chancellor
09:20 – 09:30	Opening from Prof Donna Fitzsimons , Head of SoNM <ul style="list-style-type: none"> – Welcome – Overview of showcase & running order – General housekeeping – Introduction of Prof Charlotte McArdle
09:30 – 09:40	Address by Prof Charlotte McArdle , Chief Nursing Officer NI
09:40 – 09:45	Introduction of Mary McClarey by Prof Donna Fitzsimons
09:45 – 10:15	Keynote speaker Mary McClarey
10:15 – 10:30	Questions for Mary McClarey

10:30 – 10:45 COFFEE BREAK

10:45 – 11:45 Session 1: Education & Practice

10:45 – 10:50	Introduction to Session 1 by Chair: Dr Gary Mitchell
10:50 – 11:05	Johanna McMullan “An exploration into the potential costs and benefits to service users (citizen trainers) of engaging in a co-ordinated teaching and learning initiative.
11:05 – 11:20	Aidín McKinney, Prof Donna Fitzsimons, Dr Jennifer McGaughey and Prof Bronagh Blackwood “The Feasibility of patient and family-initiated escalation of care: a research protocol”
11:20 – 11:35	Dr Clare McVeigh, Dr Ian Walsh, Prof Joanne Reid and Dr Helen Noble “Engaging nursing and medical students in Mindfulness”
11:35 – 11:45	Session Close & Questions

11:45 – 12:45 Session 2: Chronic Illness & Palliative Care

11:45 – 11:50	Introduction to Session 2 by Chair: Dr Peter O'Halloran
11:50 – 12:05	Shane O'Donnell, Dr Karen Galway, Prof Maria Lohan, and David Grant "Developing an Arts-Based Intervention to Promote Mental Health Among Men 'At Risk' of Suicide"
12:05 – 12:20	Dr Trisha Forbes, Dr Karen Galway, Dr Sharon Mallon "Adapting digital social prescribing for suicide bereavement support"
12:20 – 12:35	Ernest Asante, Dr Victoria Bam, Abigail Kusi-Amponsah Diji, Alberta Yemotsoo Lomotey, Agnes Owusu Boateng, Dr Osei Sarfo-Kantanka, Dr Eunice Oparebea-Ansah, Dennis Adjei "Nurse-led mobile phone intervention to promote self-management in type 2 diabetes in an urban area in Ghana: a pilot randomised controlled trial"
12:35 – 12:45	Session Close & Questions

12:45 – 13:45 LUNCH, POSTER VIEWING & NETWORKING**13:45 – 14:30 Introduction to afternoon session and keynote speaker**

13:45 – 13:50	Introduction of Verena Wallace from Director of Research Prof Maria Lohan
13:50 – 14:30	Keynote speaker Verena Wallace MBE – presentation and questions

14:30 – 15:30 Session 3: Maternal & Child Health

14:30 – 14:35	Introduction to Session 3 by Chair: Dr Janine Stockdale
14:35 – 14:50	Dr Maria Healy and Dr Patricia Gillen "The emerging impact of a Guideline for 'Admission to Midwife-Led Units (MLU) in Northern Ireland & the Northern Ireland Normal Labour & Birth Care Pathway'"
14:50 – 15:05	Dr Kathryn Gillespie, Prof Maria Lohan, Dr Áine Aventin, Dr Carmel Kelly, Dr Abbey Hyde "An evaluation of the If I were Jack educational resources in post-primary schools with regard to the relationship and sexuality education requirements of teenage men"
15:05 – 15:20	Dr Áine Aventin, Prof Maria Lohan and The JACK Trial Team "Can Teenage Men be Targeted to Prevent Teenage Pregnancy? Lessons from the JACK Trial"
15:20 – 15:30	Session Close & Questions

15:30 – 15:45 Prize giving and closing remarks

15:30 – 15:45	Prize Giving and closing remarks by Prof Donna Fitzsimons , Head of School of Nursing & Midwifery
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Poster Presentations

1	<u>Steven McKelvey</u>, Dr Alex Lennon, Dr Eugene Verzin, Dr Susan Clarke “Unravelling patient predictors of mesenchymal stem cell expansion in an orthopaedic setting”
2	<u>Zakariya Al Naamani</u>, Dr Olinda Santin, Dr Helen Noble, Dr Kevin Gormley “Experience of fatigue and self-management among patients receiving haemodialysis in the Sultanate of Oman: study protocol”
3	<u>Lorna Cassidy</u>, Dr Jennifer McGaughey, Dr Loreena Hill and Prof Donna Fitzsimons “Addressing the psycho-educational needs of carers of patients with heart failure: A systematic review.”
4	<u>Dr Malcolm Brown</u>, Dr Marie Murphy, Helen McAneney, Prof Joe O’Sullivan, Dr Suneil Jain, Dr Gillian Prue “A Multicomponent Exercise Trial for Advanced Prostate Cancer: a Study Protocol”
5	<u>Dr Janet Diffin</u>, Dr Gail Ewing, Dr Christine Rowland, Prof Gunn Grande “Feasibility of an online implementation toolkit for palliative care services seeking to implement a carer-centred process of assessment and support”
6	<u>Dr Janet Diffin</u>, Dr Bronagh Byrne, Dr Peter O’Halloran “The use of patient-held records by children and young people managing a health condition: A realist review of the literature”
7	<u>Colette Ramsey</u>, Dr Karen Galway, Prof Gavin Davidson “A qualitative analysis of how learning from Serious Adverse Incident reviews can contribute to reducing deaths by suicide of people in the care of Mental Health Services.”
8	<u>Claire Carswell</u>, Prof Joanne Reid, Mr Ian Walsh and Dr Helen Noble “Feasibility of recruitment to a pilot randomised trial of an arts-based intervention for patients with end-stage kidney disease whilst receiving haemodialysis.”
9	<u>Dr Clare McVeigh</u>, Prof Joanne Reid and Prof Paula Carvalho “Healthcare professionals’ views of palliative care for American war veterans with non-malignant respiratory disease living in a rural area: a qualitative study”
10	<u>Dr Clare McVeigh</u>, Susan Carlisle, Matt Birch and Dr Helen Kerr “Exploration of the use of mobile SPaced LEarning as a digital learning platform when teaching symptom management to undergraduate Nursing Students: SPLENDIdS study”
11	Johanna McMullan “An evaluation of Labtutor: A Technology Enhanced Learning Package”
12	<u>Prof Christine Brown Wilson</u>, Dr Christine Slade, Dr Misty Kirby, Dr Terri Downer, Dr Marie Fisher, Dr Shane Nuessler “Digital Ethics and the Use of ePortfolio: A Scoping Review of the Literature”
13	<u>Prof Christine Brown Wilson</u>, Dr Laura Brown, Dr Paul Simpson, Dr Maria Horne, Dr Tommy Dickinson “Let’s talk about the S word: supporting staff in care homes meeting sexuality and intimacy needs of older people”
14	<u>Emma McCall</u>, Prof Fiona Alderdice, Dr Henry Halliday, Dr Sunita Vohra, Prof Linda Johnston “Interventions to prevent hypothermia at birth in preterm and/or low birthweight infants.”
15	<u>Mary-Elaine McCavert</u>, Dr Oliver Perra, Dr Claire Kerr “The impact of sleep disturbances on children and their families living with Cerebral Palsy.”

16	<u>Dr Karen McConnell</u>, Dr Oliver Perra, Dr Claire Kerr “Cerebral Palsy in Northern Ireland”
17	<u>Nadhira Karim</u>, Dr Claire Kerr, Dr Breidge Boyle, Prof Maria Lohan “A systematic review of immigrant parents’ experiences of child healthcare services”
18	<u>Dr Kathryn Gillespie</u>, Prof Maria Lohan, Dr Áine Aventin, Dr Carmel Kelly, Dr Abbey Hyde “Relationship and Sexuality Education for Young Men”

Oral Presentation Abstracts

Education & Practice

An exploration into the potential costs and benefits to service users (citizen trainers) of engaging in a co-ordinated teaching and learning initiative.

Johanna McMullan

Background: A joint educative initiative between the School of Nursing and WAVE (a cross community voluntary organisation offering care and support to anyone bereaved or suffering trauma or injury as a result of the conflict) was established to inform students of the skills, knowledge and context required to care for such individuals through tutorials and a core lecture directed by Wave members called Citizen Trainers.

A paper which evaluated the Wave teaching initiative from the students perspective found the students rated the teaching extremely highly, however there was a plethora of anecdotal evidence reported by the citizen trainers themselves that they enjoyed and reaped benefit from engaging with the students during this initiative.

Aims: The aim of this research was to capture these benefits and potential costs to the citizen trainers when engaging in the teaching initiative.

Methods: Qualitative methodology: focus groups and one to one interviews immediately after completion of teaching. All citizen trainers were invited to participate and were fully informed and consented. All ethical considerations were considered and addressed and ethical consent sought and approved. Measures were put in place to provide support for both students and citizen trainers in the event of stress arising after engaging in the activities. Data was recorded, transcribed and analysed using a coding thematic content analysis framework and data was interrogated by other colleagues involved in the initiative but not with the data collection to insure interrater reliability.

Results: Emerging themes: Fear of potential emotional cost to service users when revisiting traumatic experiences and risk of post-traumatic stress (which however did not materialise); Citizen trainers overall gained significant emotional benefit from having their stories believed/ acknowledged/ legitimised; Reported cathartic experience by service users (citizen trainers) specifically having felt they had made a significant and valuable contribution to the students teaching and learning.

Conclusions: Overall they reported positively and fulfilling upon what had generally been a worthwhile and self-efficacious experience in educating students to care delivery with victims of civil unrest.

Implications for Practice: The involvement of users and carers such as Citizen Trainers in the Undergraduate Curriculum benefits student learning and preparation for practice but also establishes links with the community and benefits those involved in teaching personally.

The Feasibility of patient and family-initiated escalation of care: a research protocol

Aidín McKinney, Prof Donna Fitzsimons, Dr Jennifer McGaughey and Prof Bronagh Blackwood

Background: Family members may identify changes in a patient's condition prior to healthcare staff. Involving patients and families in recognising and referring their concerns may improve clinical outcomes. To date there is limited research addressing the experiences of patients and family in recognising deterioration or their involvement in the escalation of care.

Aims: To design and feasibility test a patient and family-initiated intervention to improve the detection and escalation of patient deterioration on general adult hospital wards.

Methods: The design is a collective case study approach of two wards in a hospital in Northern Ireland and the Republic of Ireland. The Medical Research Council framework and process evaluation guidelines will be used to guide the development and implementation of the intervention. Mixed methods will be used to collect data from patients', relatives and healthcare staff, including individual and focus group interviews, workshops and an online questionnaire to determine feasibility and acceptability of the scheme.

Results: The systematic review has been registered on Prospero and is near completion. Ethical permission is currently being obtained.

Implications for Practice: This study will help to inform the acceptability and sustainability of a patient and family-initiated escalation scheme to detect patient deterioration on hospital wards prior to potentially implementing the scheme further.

Engaging nursing and medical students in Mindfulness

Dr Clare McVeigh, Dr Ian Walsh, Prof Joanne Reid and Dr Helen Noble

Background: Internationally, it is recognised that mindfulness training can positively impact the holistic wellbeing of nursing and medical students and can build resilience. This can aid coping with adversity, trauma and difficult events.

Aims: To explore the impact of mindfulness meditation on the ability of nursing and medical students to become more mindful and increase resilience.

Methods: Undergraduate medical students (n=4) and nursing PHD students (n=6) took part in a mindfulness based workshop, followed by 4 weekly 30 minute sessions of mindfulness. Participants completed the Brief Resilience Scale (BRS) and the Mindfulness Attention Awareness Scale (MAAS) at baseline and post intervention. Participants (n=6) also took part in a group discussion upon completion.

Results: A significant positive increase in BRS ($p=0.02$) and MAAS scores ($p=0.03$) signified improvements in being able to cope with stress, with enhanced awareness and attention to what is taking place in the present. Students reported a positive experience and a commitment to mindfulness practice. They reported calmness, less stress and ability to deal with negative thoughts positively.

Conclusions and Implications for Practice: Mindfulness can induce varied positive psychological effects, including increased attention and resilience which can positively impact on psychological symptoms. Future interventional research will explore the use of an interdisciplinary mindfulness mobile App for undergraduate and postgraduate students.

Chronic Illness & Palliative Care

Developing an Arts-Based Intervention to Promote Mental Health Among Men 'At Risk' of Suicide.

Shane O'Donnell, Dr Karen Galway, Prof Maria Lohan, and David Grant

Background: Men are disproportionally affected by suicide in NI and Ireland. Men are reticent to seek support but innovative approaches that are community and activity based have shown promise in engaging men around mental health. Arts-based interventions (ABI) have been found to promote mental health but there is a lack of ABIs that specifically target men using gender-sensitive approaches.

Aims: To develop a gender-sensitive ABI to promote mental health among men 'at risk' of suicide following the MRC guidelines.

Methods: Using the MRC framework and qualitative methodologies, the study will consist of; Stage 1 – Systematic Review to Identify Evidence; Stage 2 – Co-Production of ABI and Delivery Mechanism with Men and Service Provider, and; Stage 3 – Feasibility Testing of ABI.

Results: The results will provide; (a) a summary of quality/strength of literature in relation to ABIs to mental health among men, (b) a greater understanding of the acceptability and feasibility of a gender-sensitive ABI to promote mental health among men 'at risk' of suicide and (C) a greater understanding of practical application of MRC guidelines.

Conclusions: This study can inform future research on the pilot testing of ABIs to promote mental health among men.

Implications for Practice: An ABI to promote mental health among men in the community.

Adapting digital social prescribing for suicide bereavement support

Trisha Forbes, Dr Karen Galway, Dr Sharon Mallon

Background: Every year in the UK up to 850,000 people are bereaved by suicide. Suicide bereavement increases the risk of mental health problems, including further suicides.

Aims: This research partnership with Elemental Software introduces the idea of using digital social prescribing to deliver the bereavement support in a more consistent way, and will introduce outcome measures to assist with commissioning services. This may help to link people to the right kind of support.

Methods: Using a co-production approach we delivered a series of demonstrations and hosted a workshop with key service providers, advocate groups and commissioners. We discussed the considerations that will need to be addressed in a research trial of digital social prescribing.

Results: By working together to identify challenges and solutions, we have established parameters for testing the digital social prescribing system across Northern Ireland.

Conclusions: Our funding proposal, for feasibility testing of digital social prescribing for suicide bereavement support, is due for submission to the ESRC in December 2018.

Implications for Practice: The introduction of a digital social prescribing platform may help to translate research findings about the needs of those bereaved by suicide, into improved care and support that is consistent and measurable.

Nurse-led mobile phone intervention to promote self-management in type 2 diabetes in an urban area in Ghana: a pilot randomised controlled trial

Ernest Asante, Dr Victoria Bam, Abigail Kusi-Amponsah Diji, Alberta Yemotsoo Lomotey, Agnes Owusu Boateng, Dr Osei Sarfo-Kantanka, Dr Eunice Oparebea-Ansah, Dennis Adjei

Background: Diabetes mellitus is a growing health problem in Ghana and globally. Mobile phone interventions can promote patient adherence to self-management practices, improve glycaemic control and reduce complications. However, no such intervention has been tested in the Ghanaian setting.

Aims: To compare the effectiveness of nurse-led mobile phone call intervention and usual care on glycaemic control and patients' adherence to self-management practices among type 2 diabetes patients.

Methods: A randomised controlled trial recruiting 60 eligible patients was done in a teaching hospital in Ghana. Thirty each were randomly assigned to either receive 16 follow-up calls by diabetes specialist nurse as intervention or didactic group education as usual

care on self-management. A questionnaire was used to record glycosylated haemoglobin (HbA1c) level and self-reported adherence to self-management practices: diet, exercise, medications, foot care and blood glucose monitoring. Data was summarised using descriptive statistics. Paired t-test and Wilcoxon signed rank test were used to compare variable changes from baseline to 12-week post-test period.

Results: The intervention group had a mean decrease of 1.06% ($p=0.018$; 95% CI: 0.195 – 1.931) while the control group had a mean increase of 0.35% ($p=0.148$; 95% CI: -0.831 – 0.131) in their HbA1C levels. The intervention group had improvements in diet, exercise, and foot care adherence than the control group but none of these changes were statistically significant.

Conclusions: Nurse follow-up calls on self-management improves glycaemic control among type 2 diabetes patients.

Implications for Practice: Nurse follow-up call programme is viable in Ghana and has potential to promote diabetes care and patient adherence to self-management practices.

Maternal & Child Health

The emerging impact of a Guideline for ‘Admission to Midwife-Led Units (MLU) in Northern Ireland & the Northern Ireland Normal Labour & Birth Care Pathway’

Dr Maria Healy and Dr Patricia Gillen

Background: The over-medicalisation of normal pregnancy and birth, is leading to a global increase in maternal mortality and morbidity across middle to high-income countries (WHO, 2018). Yet the majority of childbearing women (both nulliparous and multiparous) are healthy, have a straightforward pregnancy and are a low risk of complications during labour and childbirth. These women are strongly recommended to plan and give birth within a MLU or at home (NICE, 2014, 2017), as they and their baby will experience significant benefits of midwife-led care including: twice the odds of having a normal labour and birth, less maternal morbidity from unnecessary intervention(s), established breastfeeding and the baby is less likely to require admission to a neonatal unit.

Dr Maria Healy initiated a programme of research (Healy, 2013) and found that women and maternity care professionals required evidenced based guidelines to inform their decision-making and to enable access to birth in MLU across Northern Ireland (NI).

Dr Healy applied and received funding from the Regional Quality Improvement Authority (RQIA, previously GAIN) in 2014, chaired and co-project led (along with Dr Patricia Gillen) the development of an evidenced-based guideline for admission to midwife-led units in Northern Ireland & a normal labour and birth care pathway. The guideline and pathway was informed by the evidence, co-produced by women and a wide range of multidisciplinary maternity care professionals.

Aims: The four peer-reviewed, evidenced-based outputs will initially be described followed by details of the national and international impact and reach of this programme of research to date.

Methods: A wide range of scholarly activities have been undertaken to date, (with others planned) to further develop this impact case study. These have included presentation(s) for example at the World Health Organisation (March 2018), submission of research applications, collaboration with the Liverpool School of Tropical Medicine and national and international networking.

Results: Nationally the rates of admission to MLUs have increased, along with the number of women having normal labour and birth. An evaluation of the guideline and pathway along with an economic cost analysis is planned. In addition an update of the guideline is also proposed. Internationally, translation of the guideline and pathway into: Swedish, Spanish, Portuguese and Italian have been undertaken or translation is on-going.

Conclusions: The over-medicalisation of normal pregnancy and birth globally, is causing harm and this evidenced based guideline and pathway can enable a large number of healthy women with a straightforward pregnancy to give birth in a MLU. Women can therefore experience significant health and emotional benefits for themselves, their baby and family.

Implications for Practice: The implications for practice from this programme of research is the enablement of women to make a truly informed choice regarding planning place of birth and gain access to birth in a MLUs nationally and internationally. It also enables midwives and obstetricians to make evidenced-based decisions in partnership with women.

An evaluation of the If I were Jack educational resources in post-primary schools with regard to the relationship and sexuality education requirements of teenage men

Dr Kathryn Gillespie, Prof Maria Lohan, Dr Áine Aventin, Dr Carmel Kelly, Dr Abbey Hyde

Background: Young men are less likely than young women to receive RSE; when they do, it is frequently via resources intended primarily for females. It remains unclear what appeals most to males in RSE.

Aims: Exploration of perceptions of young men's needs and wants in relation to RSE.

Methods: Interviews and focus groups with young men (n=37), young women (n=26), teachers (n=7) and parents (n=11) in six schools in Ireland were transcribed verbatim and thematically analysed.

Results: Participants discussed young men's RSE preferences, including where, how, and what they want to be taught, and from whom. Participants discussed gendered experiences and expectations with regard to the topics presented in RSE.

Conclusions: Young men have some differing needs and preferences to young women with regard to RSE. Their experiences as young people are affected by social norms and expectations related to their gender as young men, and it is these, as well as the RSE preferences and needs which they report, which need to be accounted for when planning and delivering targeted interventions.

Implications for Practice: Educators and intervention developers should reject the side-lining of young men in RSE, and recognise and accommodate their needs and preferences as differing to those of young women.

Can Teenage Men be Targeted to Prevent Teenage Pregnancy? Lessons from the JACK Trial Dr Áine Aventin, Prof Maria Lohan and The JACK Trial Team

Background: World health organisations advocate a direct focus on adolescent men in reducing adolescent pregnancy, however no trials have been conducted.

Aims: The JACK trial (ISRCTN11632300) determines whether a novel Relationship and Sexuality Educational intervention, If I Were Jack, which emphasises male responsibility in preventing unintended pregnancies and involves an interactive video drama, was acceptable and feasible to implement in mixed sex UK classrooms.

Methods: The trial was an unblinded parallel-group cluster randomised controlled feasibility trial with embedded process and cost evaluation in eight secondary schools (unit of randomisation) among 831 pupils (mean age 14) in Northern Ireland, alongside a qualitative

evaluation of transferability in ten schools in Scotland, Wales and England. Study duration was twelve months (from November 2014), with follow-up nine months post baseline.

Results: The results of the study demonstrated that the intervention was acceptable to schools, pupils and teachers, and could be feasibly implemented, cost-effectively, with minor enhancements. The between-group difference in incidence of unprotected sex (primary outcome at pupil level) of 1.3% (95% CI 0.5-2.2) by nine months demonstrated a potential effect size consistent with those reported to have had meaningful impact on teenage pregnancy.

Conclusions: The study responds to global health policy for a paradigm shift towards inclusion of men in the achievement of sexual and reproductive health goals in a practical way by demonstrating that a gender-sensitive intervention targeting males to prevent teenage pregnancy is acceptable to adolescent men and women and implementable in formal education structures.

Implications for Practice: The effectiveness of If I Were Jack is now being examined in a UK wide cluster randomised controlled.

Speaker Policy

The School of Nursing and Midwifery strives to achieve gender balance in all aspects of their Research Showcase on Doctoral and Post-Doctoral Nursing and Midwifery Research: Translating Research into Practice. The committee endeavours to achieve this balance through equal female and male representation on the organising committee and as session chairs as well as through invitations to high quality speakers of both sexes in line with the gender balance in our research community.

Organising Committee

Dr Gillian Carter, Lecturer in Chronic Illness
Dr Olinda Santin, Lecturer in Supportive Cancer Care
Dr Gary Mitchell, Lecturer (Education)
Dr Karen McConnell, Research Fellow in Maternal & Child Health
Louise McDonald, FMHLS Gender Equality Co-ordinator
Miguel Ferro Lopez, Clerical Officer
Mary-Elaine McCavert, PhD Candidate
Lisa McCullough, Clerical Officer
Hannah Hewitt, Clerical Officer

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Midwifery Research Showcase 2018!**